05-11-09

## PART B - FEE(S) TRANSMITTAL

Express Mail No.: EM 198 025 449 US

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notifica	tions.	(	Not	e: A certificate of mailing	can only be used for	domestic mailings of the
	,	/	Feel	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
20502	7500 0040	/	have	e its own certificate of mai	ling or transmission.	it of formal drawing, must
20583	7590 02/10	/2009	MAN () 0 2000 8	Certificate	of Mailing or Transn	nission
JONES DAY			MAY 0 8 2009 he	reby certify that this Fee(s	) Transmittal is being	deposited with the United
222 EAST 41ST		\3	addi	ressed to the Mail Stop	ISSUE FEE address	deposited with the United class mail in an envelope above, or being facsimile te indicated below.
NEW YORK, N	Y 10017	No.	tran	smitted to the USPTO (57)	1) 273-2885, on the da	te indicated below.
			-			(Depositor's name)
			_			(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/520,031 08/15/2005			Matthew Marton	05/11/2009 SS	SESHE2 <sup>15</sup> 00000051	503013 9370 10520031
THE OF INVENTION, METHODS TO ASSESS QUALITY OF MICROARRAYS						
				01 FC:1501 02 FC:1504 03 FC:8001	1510.00 DA 300.00 DA 3.00 DA	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/11/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
, KIM, YOUNG J		1637	435-006000			
1. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the patent front page, list  Jones Day			
CFR 1.303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  (1) the names of up to 3 registered patent attorney or agents OR, alternatively,  (2) the name of a single firm (having as a member)						· · · · · · · · · · · · · · · · · · ·
			(2) the name of a single firm (having as a member a 2			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)	**-***	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Rosetta Inpharmatics LLC			Seattle, Washington			
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee			A check is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order -	# of Copies1		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).			
5. Change in Entity Sta	tus (from status indicate	d above)				
	s SMALL ENTITY state			ger claiming SMALL ENT		
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than to Office.	he applicant; a registered a	ittorney or agent; or the	e assignee or other party in
Authorized Signature	adriane	M. aux	le	DateMay 8, 20	009	
Typed or printed name Adriane M. Antler				Registration No.	32,605	
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	inginia 22313-1450. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS To	etain a benefit by the publ imated to take 12 minutes ridual case. Any comment or, U.S. Patent and Tradem of THIS ADDRESS. SENI	ic which is to file (and to complete, including s on the amount of tin tark Office, U.S. Depa of TO: Commissioner f	by the USPTO to process) g gathering, preparing, and the you require to complete riment of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.